



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

March 16, 1995

Dennis Rivera, Treasurer
Hispanic PAC USA Inc.
310 West 43rd., 7th Floor
New York, NY 10036

Identification Number: C00250217

Reference: October Quarterly (7/16/94-10/15/94), and
30 Day Post-General (10/16/94-11/28/94)
Reports

Dear Mr. Rivera:

This letter is to inform you that as of March 15, 1995, the Commission has not received your response to our requests for additional information dated February 15, 1994. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Debbie Manzano on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

A handwritten signature in black ink, appearing to read "John D. Gibson".

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

Dennis Rivera, Treasurer
Hispanic PAC USA Inc.
310 West 43rd St., 7th Floor
New York, NY 10036

FEB 15 1995

Identification Number: C00250217

Reference: October Quarterly Report (7/16/94-10/15/94)

Dear Mr. Rivera:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

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-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) from an organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. §§441a(f) and 441b or 11 CFR §102.5(b). Under 11 CFR §102.5(b), organizations which are not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under the Act, or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. To the extent that your committee has received impermissible funds, the Commission recommends that you transfer the impermissible funds to an account not used to influence federal elections or refund the impermissible amount(s) to the donor(s) in accordance with 11 CFR §103.3(b). The Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

HISPANIC PAC USA INC.

PAGE 3

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

-Schedule A of your report (pertinent portion(s) attached) discloses contributions from corporations and labor organizations. 2 U.S.C. §441b(a) prohibits the receipt of contributions from corporations and labor organizations unless made from separate segregated funds established by the corporations and labor organizations.

If the contributions in question were incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received prohibited contributions, you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donors in accordance with 11 CFR §103.3(h). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. The Commission recommends that you inform the contributors in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

HISPANIC PAC USA INC.
PAGE 3

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have not included the full name and/or mailing address for the vendor(s) listed. Please amend your report accordingly.

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have failed to check the appropriate CATEGORY box for payments made to several vendors. Please amend your report to disclose the appropriate category.

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have failed to include the total EVENT YEAR-TO-DATE amount for a payment(s) to all vendors. Please amend your report to include the missing EVENT YEAR-TO-DATE total(s).

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have failed to include the purpose/event for the joint expenditure to New School for Social Research. Please amend your report to include this missing information.

-Line 11(c) of the Detailed Summary Page of your report discloses a total of \$6,000 in contributions from other political committees. The sum of the entries itemized on Schedule A, however, indicates the total to be \$10,750. Please amend your report to clarify the discrepancy.

-The total listed on Line 7, Column B of the Summary Page appears to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Line 7, Column B total.

-Your calculations for Line 8 appear to be incorrect. Cash-on-hand at the close of the current reporting period should always equal the closing calendar year-to-date cash-on-hand amount. Please provide the corrected total on the Summary Page.

-The total listed on Line 30, Column B of the Detailed Summary Page appears to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Line 30, Column B total.

HISPANIC PAC USA INC.
PAGE 4

-For your information, each category on the Detailed Summary Page that your committee discloses activity for, must have a separate Schedule A or B. Please note this for future filings.

-Please amend Schedule B supporting Line 23 by providing the address and amount for each contribution made to a federal candidate or political committee. 11 CFR §5104.3(b)(3)(ii) and (v)

-For future reporting, please be advised that only contributions to federal candidates and political committees should be itemized on a separate Schedule B supporting Line 23 of the Detailed Summary Page. Contributions to non-federal candidates and committees should be itemized on Schedule B supporting Line 29.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Debbie Mansano

Debbie Mansano
Reports Analyst
Reports Analysis Division

Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial uses, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (as filed)

HISPANIC PAC. USA INC.

A. Full Name, Mailing Address and ZIP Code Howard Teich 185 E. 89th Street New York, New York 10028	Name of Employer Occupation Aggregate Year-to-Date > 3 250.00	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period \$ 250.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other capacity:			
A. Full Name, Mailing Address and ZIP Code Friends of Roberto Ramirez 2300 Westchester Avenue, Suite 303 Bronx, New York 10462	Name of Employer Occupation Aggregate Year-to-Date > 3 250.00	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 250.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other capacity:			
C. Full Name, Mailing Address and ZIP Code Luis Lopez 4915 Broadway Street, 1G New York, New York 10034	Name of Employer Occupation Aggregate Year-to-Date > 3 500.00	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 500.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other capacity:			
D. Full Name, Mailing Address and ZIP Code Tom Walker 407 W. 18th #116 Austin, Texas 78701	Name of Employer Occupation Trade Consultant Aggregate Year-to-Date > 3 1,000.00	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 1,000.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other capacity:			
E. Full Name, Mailing Address and ZIP Code Frank Flores 40 Rockwood Lane Greenwich, CT 06830	Name of Employer Mardian Reproductions, Inc. 30 East 33rd Street New York, N.Y. 10016	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 250.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other capacity:	Occupation Aggregate Year-to-Date > 3 250.00		
F. Full Name, Mailing Address and ZIP Code Howard Teich 185 E. 89th Street New York, New York 10028	Name of Employer Fleischman, Popish & Reilly, PC 111 Livingston Street Brooklyn, NY 11201	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 500.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other capacity:	Occupation Aggregate Year-to-Date > 3 500.00		
G. Full Name, Mailing Address and ZIP Code Ana Ortiz 280-300 E. 161st Street 6N Bronx, N.Y. 10451	Name of Employer Occupation Aggregate Year-to-Date > 3 250.00	Date (month, day, year) 8/9/94	Amount of Each Receipt this Period 250.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other capacity:	Aggregate Year-to-Date > 3 250.00		

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____

Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

HISPANIC PAC, USA INC.

A. Full Name, Mailing Address and ZIP Code Rafael A. Lantigua, M.D. 622 W. 168th Street VC-2-205 New York, N.Y. 10032	Name of Employer Columbia University 622 W. 168th Street New York, NY 10032	Date (month, day, year) 8/9/94	Amount of Each Receipt this Period 250.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Professor of Medicine	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Daniel & Ismat Maldonado 13517 Dewartly Road Germantown, N.D. 20874-3321	Name of Employer	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 1,000.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer Federated Telephone Co., Inc. P.O. Box 4497, Grand Central Station, N.Y., N.Y. 10163-4497	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 250.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer The Byrne Consulting Group 152 Madison Avenue, Suite 601 New York, N.Y. 10016	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 250.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Anna. William Boyland 533 Throop S. Boyland Street Brooklyn, N.Y. 11212	Name of Employer N.Y. State	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 500.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Assemblyman	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Francia & Esperanza Gomez 50 Lexington Avenue #8-N New York, N.Y. 10010	Name of Employer	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 100.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
G. Full Name, Mailing Address and ZIP Code Point Marwick/PAC P.O. Box 18254 Washington, D.C. 20036-9998	Name of Employer	Date (month, day, year) 8/10/94	Amount of Each Receipt this Period 1,000.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____

MODULE A

ITEMIZED RECEIPTS

for each category of the
Detailed Summary Page

FOR LINE NUMBER

Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

HISPANIC PAC. USA INC.

	A. Full Name, Mailing Address and ZIP Code GRI Political PAC	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/8/94	Amount of Each Receipt this Period 500.00
1	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Local 1199 Political Action Fund 310 W. 43rd Street New York, N.Y. 10036 Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/8/94	Amount of Each Receipt this Period 5,000.00
2	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Tonic Burgos 909 Third Avenue, 17th Floor New York, N.Y. 10022 Occupation Consultant Aggregate Year-to-Date > \$	Date (month, day, year) 5/8/94	Amount of Each Receipt this Period 5,000.00
3	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Miguel D. Lausell P.O. Box 191803 San Juan, PR 00919-1803 Occupation Attorney Aggregate Year-to-Date > \$	Date (month, day, year) 5/8/94	Amount of Each Receipt this Period 500.00
4	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Mark Morris 315 West 70th Street, Apt. 1B-E New York, N.Y. 10023 Occupation Campaign Manager Aggregate Year-to-Date > \$	Date (month, day, year) 5/8/94	Amount of Each Receipt this Period 1,000.00
5	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Morris & Carrick, Inc. Occupation Campaign Manager Aggregate Year-to-Date > \$	Date (month, day, year) 5/8/94	Amount of Each Receipt this Period 1,000.00
6	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Morris & Carrick, Inc. 432 Park Ave. South Ste 1205 N.Y., N.Y. 10016 Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/8/94	Amount of Each Receipt this Period 1,000.00
7	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Koppell For Attorney General '94 217 W. 23rd Street New York 10011 Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/8/94	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____

MODULE A

ITEMIZED RECEIPTS

for each category of the
Detailed Summary Page

ROW LINE NUMBER

Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (or PAC)

HISPANIC PAC, USA, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRC COPE-PAC 501 3rd Street, N.W. Washington, D.C. 20001		8/10/94	3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > 3	3,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elba Montalvo 11A 7th Avenue Brooklyn, New York 11217	Urban Visions Mgmt. Consultants 50 Park Terrace East, Ste 1F New York, N.Y. 10034	8/8/94	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > 3	150.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David R. Castro-Blanco 62 Cooper Square New York, New York 10003-7187	Castro-Blanco Inacionari & Associates	8/8/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > 3	250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas M. Valenzuela 75 Central Park West New York, New York 10023	Valenzuela Capital Management Inc.	8/8/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Money Manager		
	Aggregate Year-to-Date > 3	250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vic Fingerhut 2021K Street, N.W. Suite 300 Washington, D.C. 20006	Fingerhut/Gonzados Opinion Research, Inc.	8/8/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > 3	1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Rich 608 A Street N.E. Washington, D.C. 20002	Greater N.Y. Hospital Assoc.	8/8/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > 3	250.00	

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____

MODULE A

ITEMIZED RECEIPTS

www.fec.gov/summaries
for each category of the
Detailed Summary Page

LINES
FOR LINE NUMBER

Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

HISPANIC INC. USA, INC.¹¹

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Lewis 1500 Broadway New York, New York 10036	BEST OF - The Magazine For Today's Black Men.	8/8/94	250.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Chief Executive Officer Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Anchor Valve Construction Inc. 350 5th Avenue, Suite 5320 New York, New York 10118	8/8/94	1,000.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Hispanic Market Connections Inc 5150 El Camino Real Ste D-11 Los Altos, Ca 94022-1527	8/8/94	250.00
Receipt Per: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.J. Del Goldice 7 East 25th Street N.Y., N.Y. 10016	Lazard Frères & Co. One Rockefeller Plaza New York, NY 10020	8/16/94	500.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation General Partner Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Powell, Goldstein, Frazer, Murphy, P.A.C, 35 Broad St., NW Atlanta, Georgia 30335	8/16/94	250.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan R. Stado 1623 Third Avenue New York, New York 10128	Quinton & Waterfield, Inc.	9/8/94	500.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Director Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leon Levy 31 West 52nd Street New York, New York 10019	Odyssey Partners, L.P.	9/8/94	2,500.00
Receipt Per: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Aggregate Year-to-Date > \$ 2,500.00		

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (see page this line number only) _____

MODULE A

ITEMIZED RECEIPTS

for next category of the
Continued Summary Page

FOR LINE NUMBER

Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

HISpanic PAC, USA, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edwin & Justin Lopez 140 Bodine Avenue Valley Stream, N.Y. 11580		9/8/94	20.00
Receipt For:	Occupation		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Aggregate Year-to-Date > \$		20.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Mayer, Suzuki, English & Klein P.C. - Federal P.A.C. 1505 Madison Pl., Minneapolis, MN 55401	9/8/94	1,000.00
Receipt For:	Occupation		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Aggregate Year-to-Date > \$		1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	A.J. Contracting Co. Operating Account No. One 470 Park Ave. So., N.Y. N.Y.	9/16/94	5,000.00
Receipt For:	Occupation		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Aggregate Year-to-Date > \$		5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Integral Construction Corp. Operating Account No. One 470 Park Ave. So., NY, NY 10016	9/16/94	5,000.00
Receipt For:	Occupation		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Aggregate Year-to-Date > \$		5,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For:	Occupation		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For:	Occupation		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For:	Occupation		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Aggregate Year-to-Date > \$			
SUBTOTAL of Receipts This Page (optional) _____			
TOTAL, This Period (last page this line number only) _____			
			41,770.00

9 5 0 3 9 6 9 2 1 0 8

981396733773

950029988364